

Optimize Infant and Toddler Feeding for Obesity Prevention Program

Improving the CPA Way

Coastal Pediatric Associates

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Background

- An innovative QI project that aims to improve primary care practice related to **fostering healthy behaviors and healthy weight in children from birth to age 2**, in the service of fostering a lifelong trajectory of optimal health.
- Participating practices collaborate with one another and receive education, coaching, and resources from the AAP Institute for Healthy Childhood (ICHW), to support and implement practice changes to improve early obesity prevention.
- Virtual 19 week project(2/2-6/8/21) with 3 data cycles and 1 monitoring data cycle 6 mos later.



Benefits of Participation

- Learn from national experts in obesity prevention and treatment.
- Earn 25 MOC 4 and 20 MOC 2 CME credits
- Participate in evidence-based education content including 4 brief, self-paced early feeding modules, 3 action period webinars, and local meetings.
- Access to resources for implementing changes- "*The Change Package.*"
- <http://qidata.aap.org/optimizefeeding2>
- Participation in a group listserv and weekly newsletters



The CPA Team

- ❑ **Dr. Kelly Havig-Lipke, MD, FAAP, IBCLC**, *Lead clinician*
- ❑ **Pavi Sreekumar**, *Manager of Quality Programs*
- ❑ **Debbie Cousins, MOA**, *Patient Care Liaison, Project Data Coordinator*
- ❑ **Teresa Shutt, LPN**, *Patient Care Advocate/Care Manager, Project Office Manager*
- ❑ **Katie Kelley, RN**, *Patient Care Coordinator, Project Clinical Support Person*
- ❑ **Practice leaders:** Dr. Ana Arias-Panday, Dr. Rimon Yousseff, Dr. Katy Ronin, Dr. Arlene Shawinsky
- ❑ **Dr. Kim Caristi, MD, FAAP**, *Managing Partner*



Data Collection

- **19 week collaborative period** Feb 2- June 8 2021
- 4 Data Cycles
- 10 Clinical Measures (Key Drivers 1-5)
- 20 random charts
 - Children under 2 years
 - Well child visits
 - Participating providers
 - Within sampling time frame
 - Pilot Measures (weight and length 9 month olds at WCC)

Data Cycle	Submission Dates	Use Eligible Charts From:
1	February 8 th –12 th <i>(Clinical & Pilot Measures)</i>	October 2020
2	March 29 th – April 2 nd <i>(Clinical Measures Only)</i>	Feb. 22 nd – March 28 th
3	May 17 th - 21 st <i>(Clinical Measures Only)</i>	April 12 th – May 16 th
4 (Monitoring Cycle)	November 1 st - 5 th <i>(Clinical & Pilot Measures)</i>	October 2021



Optimize Infant & Toddler Feeding Measures Diagram

Key Drivers

Color Key:

- Key Drivers
- Measures
- Topic Content
- Not part of measure

To Calculate a Measure:
 Yes= Numerator
 (Yes + No)= Denominator

Monitor Growth & Assess Early Risks

1. Pre-/perinatal risks documented?



ALL of the following:

- Parental obesity
- Pre-natal smoking
- Gestational weight gain
- Gestational diabetes
- Birth weight

2. WFL percentile assessed?

Identify Parental Concerns & Tailor Care Accordingly

3. Parent concerns elicited?

4. Parent Concerns addressed?

Support Optimal Dietary Intake/Nutrition

5. Dietary intake/nutrition assessed?



ANY of the following (tailored to age & parental concerns):

- Breastfeeding/formula feeding
- Complementary food introduction
- Healthy/unhealthy foods or beverages
- Picky eating
- Snacking

6. Dietary intake/nutrition counseling provided?

Support Optimal Parenting & Home Environment Strategies for Healthy Lifestyles

7. Supportive parenting & home environment strategies assessed?



ANY of the following (tailored to age and parental concerns):

- Responsive feeding strategies
- Other parent strategies to support healthy lifestyles
- Food environment
- Sleep routines or duration (other than safe sleep)
- Active play/physical activity routines or behavior
- Media exposure/child media use

8. Counseling provided on supportive parenting and home environment strategies?

Support Favorable Outcomes for Social Determinants of Health

9. Social determinants of health assessed?



ANY of the following :

- Food security
- Economic security, housing/living conditions; access to healthcare
- Parent or family health and well being
- Family strengths or supports

10. Counseling provided on social determinants of health?

Optimize Project Aims



By the end of the 19-week collaborative period, during well child visits for children under age 2, practices will:

- Assess weight for length percentile 100% of the time and assess key pre- or peri-natal obesity risk factors 70% of the time. (Key Driver 1)
- Assess and provide family-centered counseling on a) patient/family concerns (Key Driver 2) and b) **dietary intake and nutrition 90% of the time. (Key Driver 3)**
- Assess and provide tailored family-centered counseling on parent or home environment strategies to support healthy lifestyle behaviors 70% of the time (Key Driver 4) and Key social determinants of health 50% of the time (Key Driver 5).
- Practices will sustain their improvements at 6 mos. (Data collection early Nov 2021)



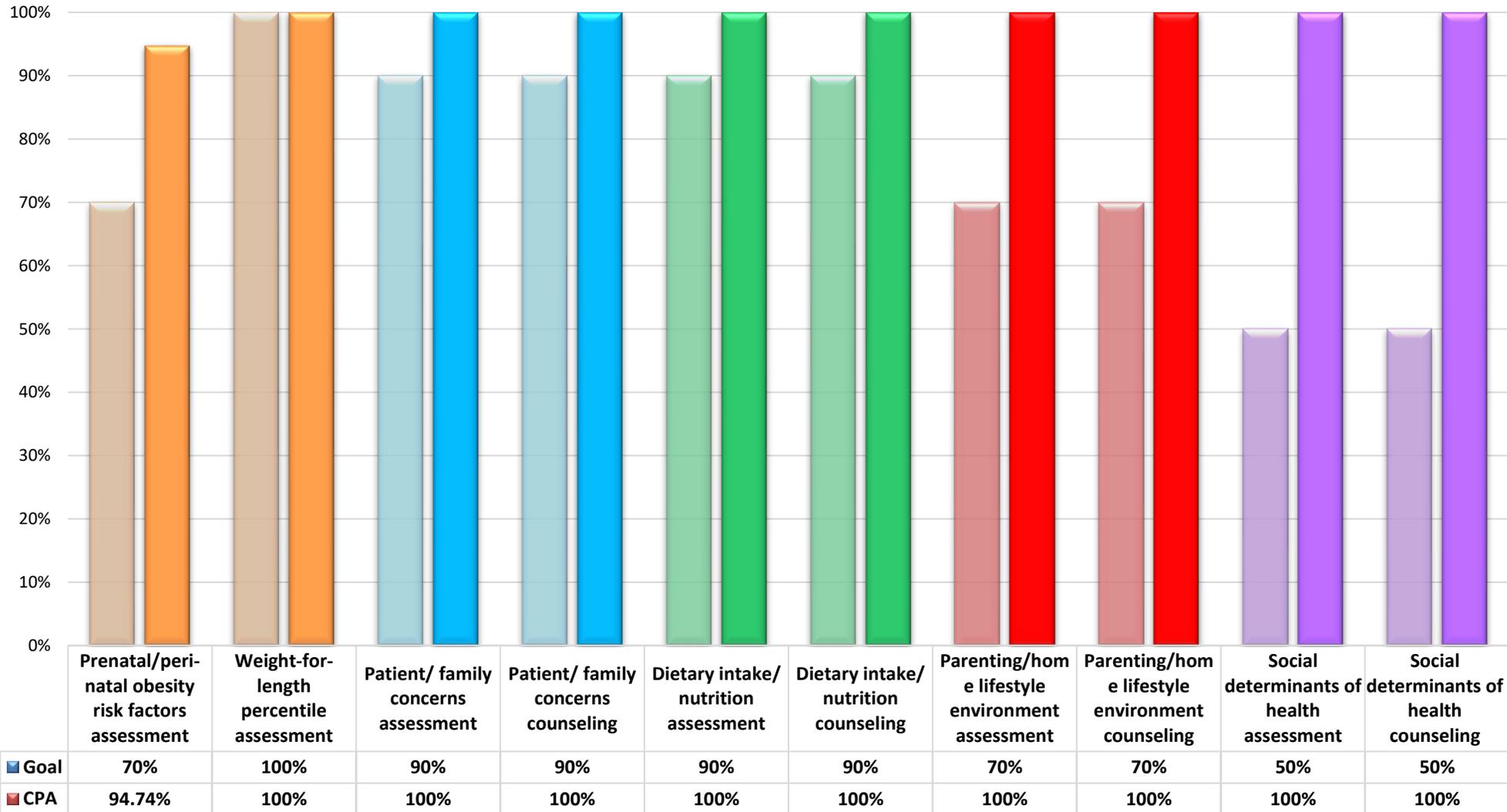
So how are we doing?

Cycle 1 Baseline data analysis



CPA met & exceeded the goals in ALL Key Drivers !!!

Cycle 1 Baseline Data (CPA vs. Goal)



Monitor Growth & Assess Early Risks

Identify Parental Concerns & Tailor Care Accordingly

Support Optimal Dietary Intake/ Nutrition

Support Optimal Parenting & Home Environment Strategies for Healthy Lifestyles

Support Favorable Outcomes for Social Determinants of Health

So, where's the room for improvement ??

Due to our overall practice data meeting all goals (100%), each Key Driver was further subcategorized and analyzed through our raw data.



Key Driver 3: Support and encourage optimal dietary intake and nutrition at every developmental stage

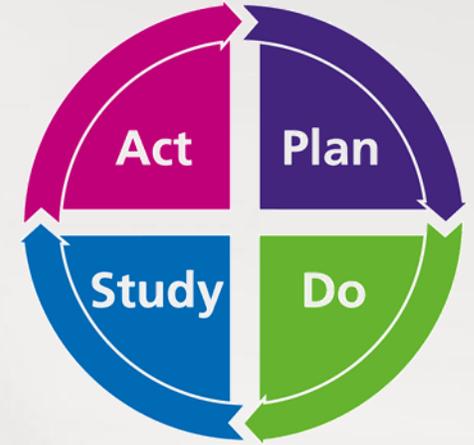
Dietary Intake/ Nutrition Assessment & Counseling



CPA's Goal

Opportunities for improvement based on initial data collection identified in *Key Driver 3*.

Goal: 75% of target population will receive assessment and counseling on healthy/unhealthy beverage consumption, snacking, and picky eating.



Plan of Action

- ✓ Education: Handouts for patients
- ✓ Handouts: Available for print, uploaded in EMR and SharePoint for ease of access.
- ✓ QR Codes/ Posters posted in exam rooms
- ✓ Provider/clinical staff education through CME modules, webinars, and local meetings, access to the "CHANGE PACKAGE," plus lots of email reminders!
- ✓ Documentation: EMR macro text updates and ROS template updates in EMR.
- ✓ Uploaded handouts and updated recommendations on CPA website Care Calendar for patients.
- ✓ Provided nutrition related ROAR books when available.



Patient Handouts

Clinical staff prepped and provided handouts at visits.

Healthy Habits Start Early: Tips for Feeding Picky Eaters

Eating a variety of healthy foods is important for your child's health. But it's not always easy to get kids to try new and different foods — and sometimes, it can be downright frustrating.

The good news is there's a lot you can do to help your child get comfortable exploring a variety of foods. And you both may end up having some fun while you're at it!



Provide at 12/15/18
mo visits

Healthy Habits Start Early: Tips for Introducing Solid Foods

Starting solid foods is an important part of your baby's development. Use these tips to start solid foods off right — and set your baby on the road to healthy eating for life!



Provide at 4/6/9 mo
visits

Responsive Feeding — Set Your Baby Up for Healthy Growth and Development!

Even if they can't talk yet, babies have all kinds of ways to tell you when they're hungry, and when they've had enough. When your child sends signals that she's hungry or full, it's important to respond promptly — and in a way that's warm and loving.

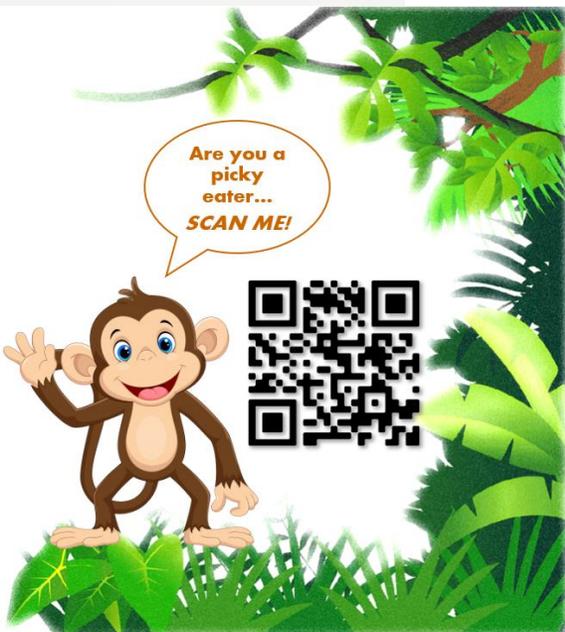
This is called "responsive feeding," and it's a great way to help your child get a healthy start in life. Think of it like this: you provide, your child decides.



For infants

QR Codes

For parents/guardians to browse while waiting on provider, and as reminders to providers about the project



Finger Foods

Fruits and vegetables make great finger foods for your child. You can prepare them in ways that meet his or her age and ability. Talk to your pediatrician about what is right for your child.

Most babies transition to finger food between 9-12 months, starting with steamed and mashed and progressing to other small, soft, chewable pieces as their ability permits.

These food preparations are for older children. Children don't learn to chew with a grinding motion until they're about four years old.

STEAMED & MASHED



STEAMED & DICED



SHREDDED & STEAMED

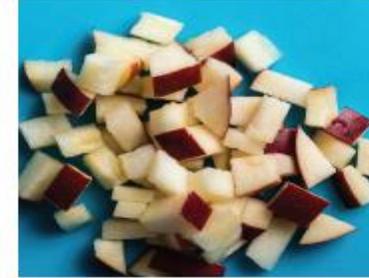


RAW & DICED



RAW & RIBBONED

Apples



Zucchini



Carrots



Safety is the priority when feeding your baby, toddler, and child. Be sure to discuss choking prevention and food allergies with your pediatrician. Make sure all foods you give your baby are soft, easy to swallow, and cut into small pieces. Fruits and vegetables should be mashed or cooked until they are soft. Foods that are hard, round or sticky, or are difficult to chew and swallow should not be given to children under 4 years. All babies, toddlers, and children should be safely seated and supervised by an adult when eating.

Key Driver 3: Support and encourage optimal dietary intake and nutrition at every development stage

**The
“Change
Package”**

Change Concepts	Tools and Resources
Help families anticipate and address barriers to optimal nutrition at every stage	General to All Change Concepts: <ul style="list-style-type: none"> • Healthy Growth App • Bright Futures Patient Handouts (English & Spanish) • Bright Futures Guidance • Bright Futures Previsit Questionnaires (blank English/Spanish or highlighted by measure) • AAP First 1000 Days Policy Statement • AAP Early Nutrition & Atopic Disease Policy Statement • CME module Overview and Introduction to Early Obesity Prevention • Healthy Active Living Implementation Guide • Healthy Active Living Parent Resources • Making the Case infographic (patient) • Social media assets (various topics) • AAP Conversations About Care Podcasts: Sugary Drinks, Picky Eating • AAP Webinar: Early Nutrition from Birth to Two Years
For breastfed infants, support families in meeting recommendations for exclusivity and duration	General resources above <ul style="list-style-type: none"> • AAP Breastfeeding Policy Statement • AAP Breastfeeding Friendly Office Clinical report • Breastfeeding infographic (patient) English/Spanish • Breastfeeding mini module
For infants receiving breastmilk or formula, provide general feeding guidance to support optimal nutrition (content, volume, supplements, etc.)	General and breastfeeding resources above <ul style="list-style-type: none"> • Social media graphic • Bottle feeding mini module
Support optimal timing for introducing complementary foods	General resources above <ul style="list-style-type: none"> • Complementary Food Introduction infographic & video (patient) • Food Introduction mini module
Support healthy beverage consumption, including providing guidance about water, juice, and sugar-sweetened beverages	General resources above <ul style="list-style-type: none"> • Social media graphic (patient) • Healthy Beverage mini module • AAP Fruit Juice Policy Statement
Support consumption of healthy foods during meals and snacks and foster the development of healthy routines	General resources above <ul style="list-style-type: none"> • Social media – fruit and veggie (patient) • Social media – fruit and veggie v2 (patient) • Healthy Snacks mini module
Support repeated exposure to and acceptability of a variety of healthy foods	General resources above <ul style="list-style-type: none"> • Picky eating infographic & video (patient)

Early Feeding CME Modules

Module 1 | Overview and Introduction

- An exploration of the importance of early feeding, relationships, the environment and how primary care providers can help prevent obesity.

Module 2 | Sound Nutrition

- Breastfeeding
- Bottle Feeding
- Food Introduction
- Healthy Snacks
- Healthy Beverages

Module 3 | Supportive Environments

- Active Play
- Screen Time
- Sleep
- Adverse Childhood Experiences
- Food Insecurity

Module 4 | Responsive Relationships

- Parenting & Feeding Styles
- Hunger & Satiety
- Role Modeling & Routines
- Healthy Family



Outcomes



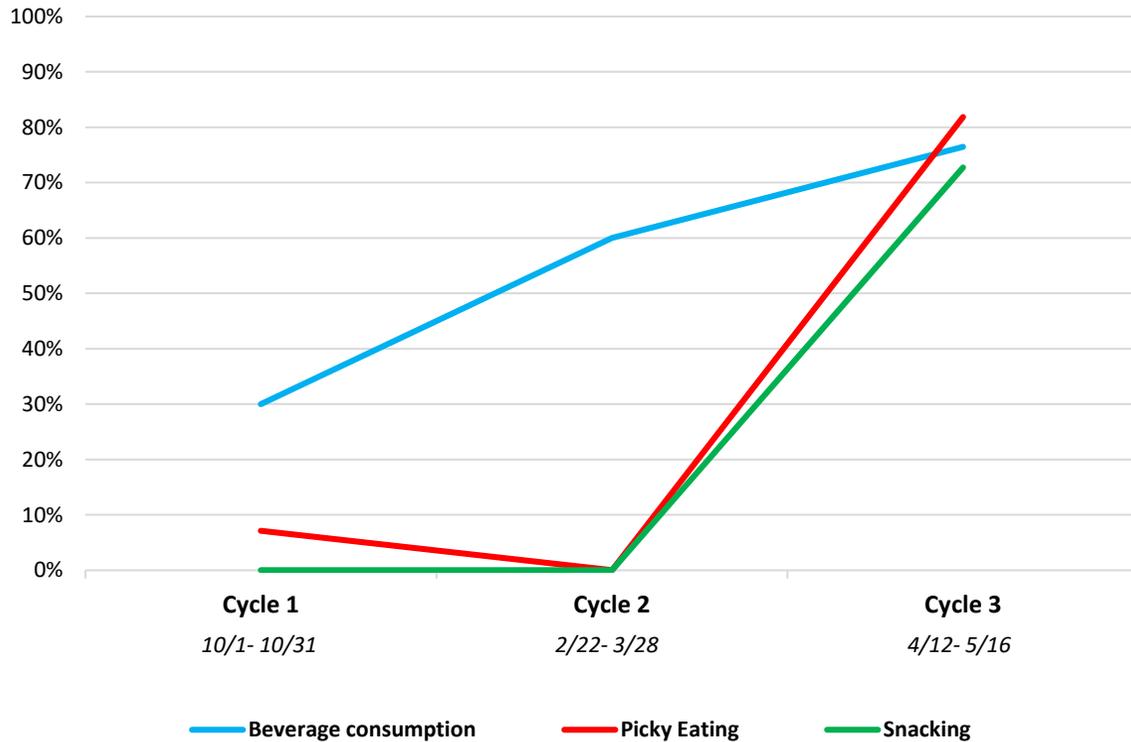
Key Driver 3 Data by AGE GROUP

ASSESS				
	Age Group	Cycle 1	Cycle 2	Cycle 3
Beverage consumption	2-24 mo	30%	60%	76% *
Picky Eating	6-24 mo	7%	0%	82% *
Snacking	6-24 mo	0%	0%	73% *

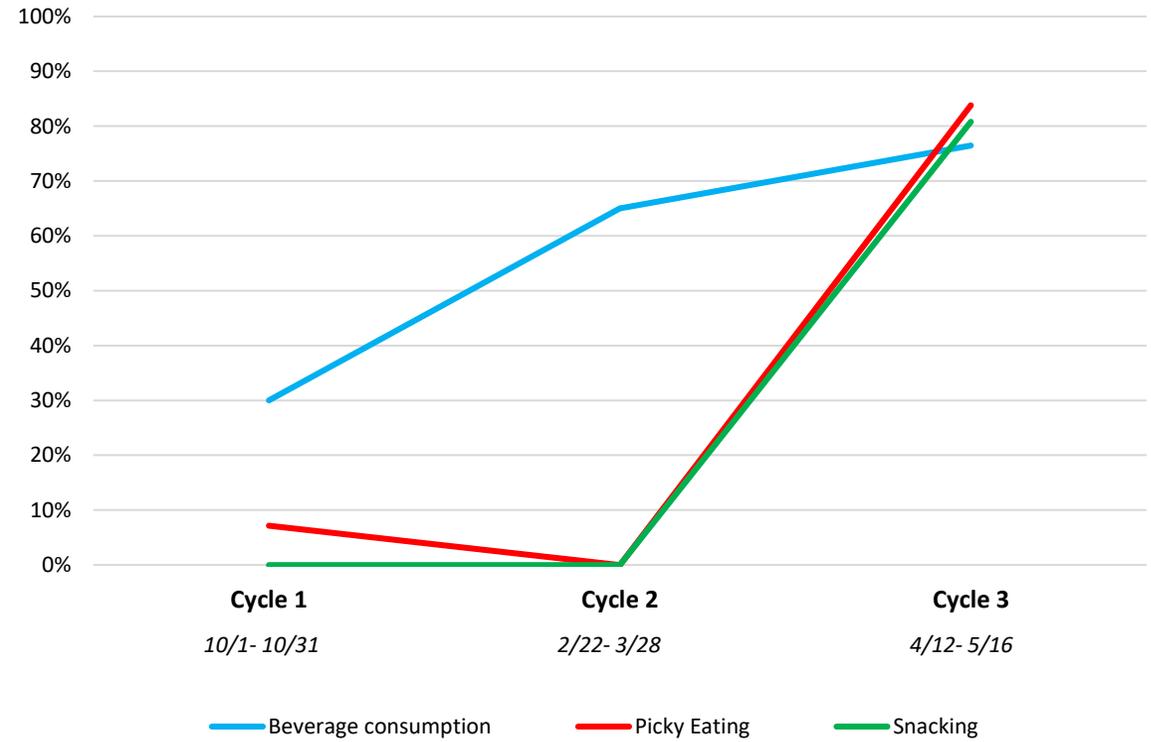
COUNSEL				
	Age Group	Cycle 1	Cycle 2	Cycle 3
Beverage consumption	2-24 mo	30%	65%	76% *
Picky Eating	6-24 mo	7%	0%	82% *
Snacking	6-24 mo	0%	0%	82% *

* p-value ≤ 0.05 (statistically significant)

ASSESSMENT



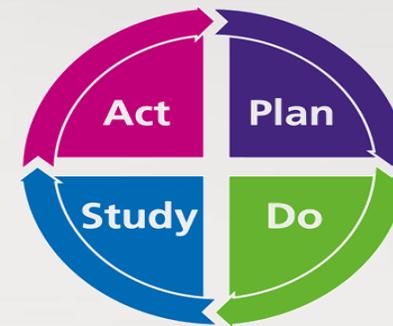
COUNSELING



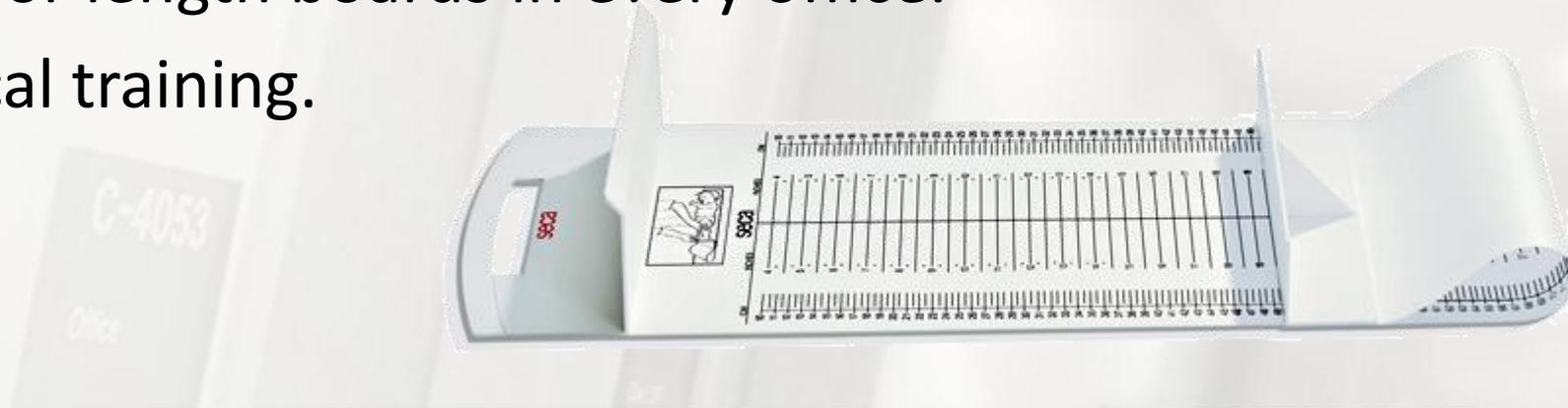
We met our goal of 75% of target population receiving assessment and counseling on beverages, picky eating and snacking.



Next Steps

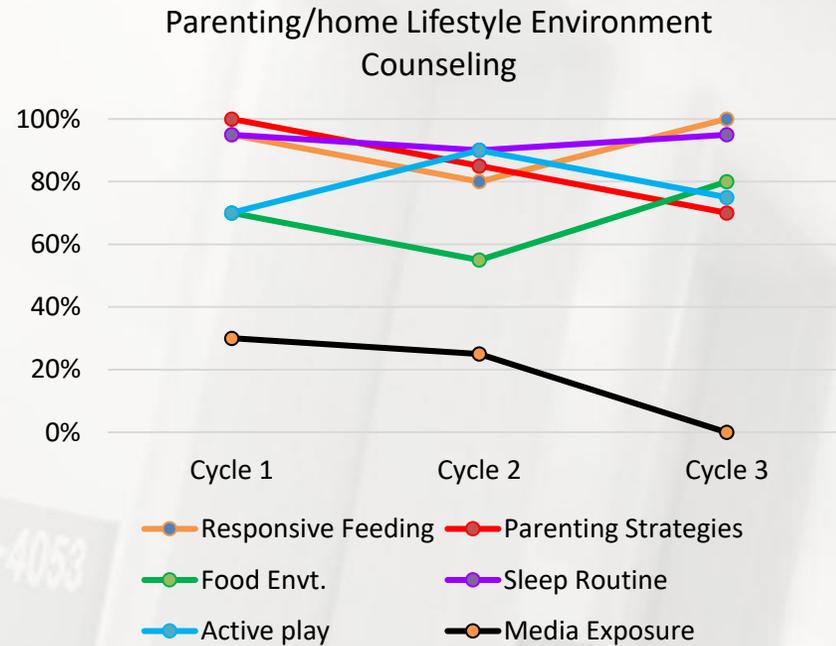
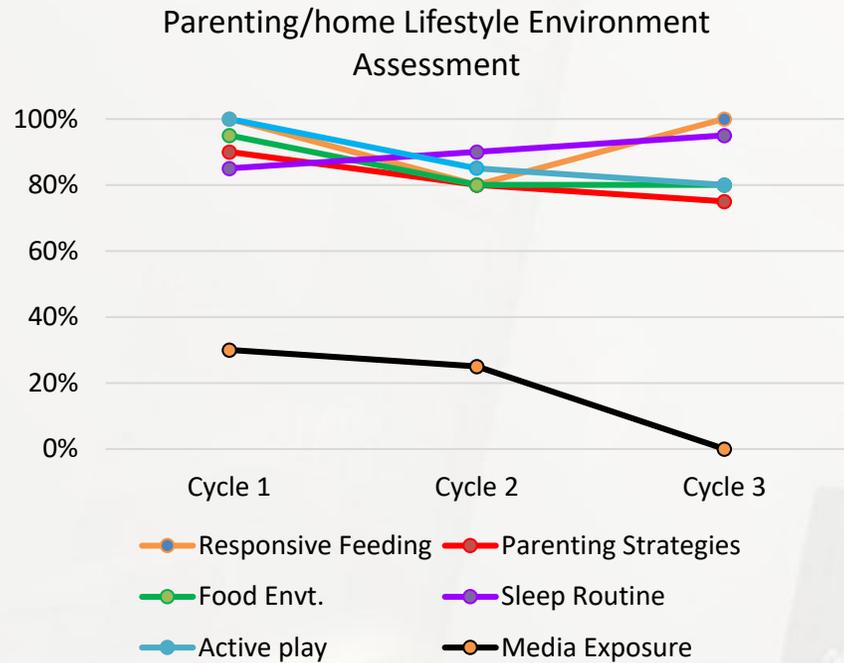


- **Key Driver 1: Monitor growth and assess early obesity-related risks.**
- Our practice decided to focus on accuracy of weight for length measurement.
 - Purchased weight for length boards in every office.
 - Practice wide clinical training.



Next Steps

Key Driver 4: Support parenting strategies and the development of home and other environments that foster and reinforce healthy lifestyle behaviors



Focus on improving assessment/counseling on media exposure/ child media use through continued provider education, EMR ROS template changes, and new resources for providers/patients.



Questions?

